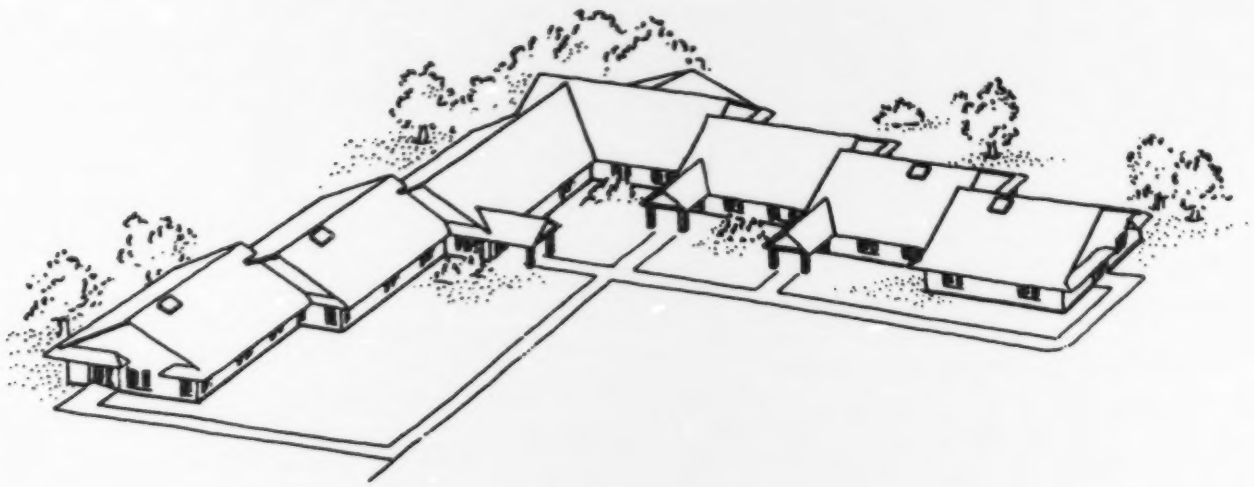
ANNUAL REPORT

1988 - 1989

Hospital and Health Services
Commission of Prince Edward Island



ANNUAL REPORT

1988 - 1989

HOSPITAL AND HEALTH SERVICES COMMISSION

OF PRINCE EDWARD ISLAND

90-05284/

HOSPITAL AND HEALTH SERVICES COMMISSION

OF PRINCE EDWARD ISLAND

MONTAGUE OFFICE COMPLEX
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P.O. BOX 3000
MONTAGUE
PRINCE EDWARD ISLAND
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(EFFECTIVE SEPTEMBER 1, 1989)

ANNUAL REPORT

FOR THE YEAR ENDING

MARCH 31, 1989

Lieutenant Governor of Prince Edward Island

The Honourable Lloyd G. MacPhail

May It Please Your Honour:

I have the honour to submit herewith the Annual Report of the activities of the Hospital and Health Services Commission for the period April 1, 1988 to March 31, 1989.

Respectfully submitted,

Wayne D. Cheverie, Q.C.
Minister of Health and Social Services

Honourable Wayne D. Cheverie, Q.C.
Minister of Health and Social Services
Province of Prince Edward Island
Charlottetown, P.E.I.

Honourable Minister:

I am pleased to submit herewith the Annual Report for the Hospital and Health Services Commission for the fiscal year 1988-89.

Respectfully submitted,

J. Melville Campbell, Q.C.
Chairman

MEMBERS

HOSPITAL & HEALTH SERVICES COMMISSION

AND

EXECUTIVE DIRECTOR

MEMBERS*

J. Melville Campbell, Q.C.
Chairman

James Burleigh
Vice Chairman

Marguerite Connolly

Dr. Kent Ellis

David Ford

Debbie Good

Dorothy MacLeod

Leonard Munroe

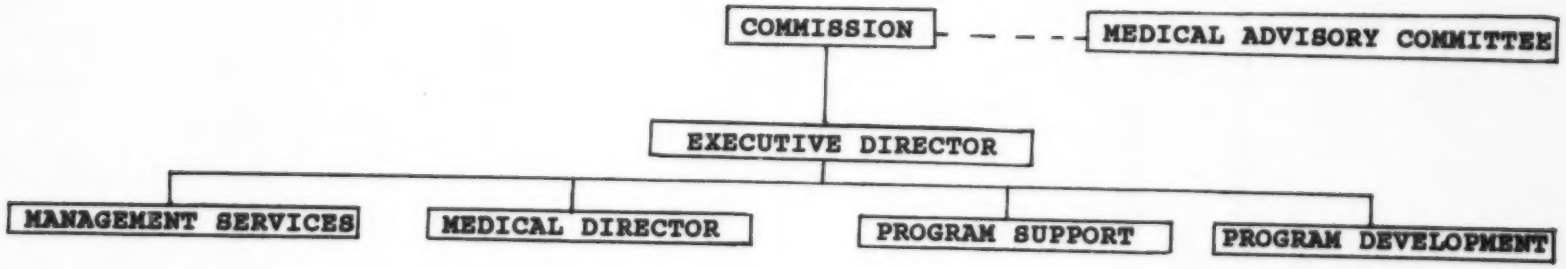
Agnes Arsenault

Lorne R. Moase
EXECUTIVE DIRECTOR

* Effective December 31, 1989

HOSPITAL AND HEALTH SERVICES COMMISSION

ORGANIZATIONAL CHART



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MANAGEMENT SERVICES	MEDICAL DIRECTOR	PROGRAM SUPPORT	PROGRAM DEVELOPMENT
PERSONNEL	PHYSICIAN PLANNING	QUALITY CARE	PLANNING
CLAIMS PROCESSING	MONITORING OF TARIFF	EXTENSION SERVICES	RESEARCH
BUDGETS	EPIDEMIOLOGICAL STUDIES	STANDARDS	
FINANCE			

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INTRODUCTION

The Hospital & Health Services Commission provides payment toward the cost of services which are medically required and are provided by physicians to patients in their homes, in doctors' offices and in hospitals as established through the Health Services Payment Act. Certain services provided by dentists in hospital may also be included.

The Commission as well maintains a plan of hospital care insurance for the people of Prince Edward Island in accordance with provisions of the Hospital and Diagnostic Services Insurance Act and Regulations.

In addition, the Hospital and Health Services Commission administers the funding for the School of Nursing, the Red Cross blood program, the Ambulance Subsidization Program and implements the Ambulance Regulations as established under the Public Health Act.

The Annual Report presents a summary of activities to December 31, 1989, with financial statements and statistics for the fiscal year April 1, 1988 to March 31, 1989.

Commission Mandate

1) The Commission is a manager and implementer of government's direction for the health care sector, and in particular, for the allocation of resources.

2) The Commission must be an advocate for the health care system. The Commission must fairly and aggressively represent the health care sector and government. It must be the facilitator between government departments and the various components of health that interface with government.

The Commission must, through a working partnership with health care providers, facilitate the development of a strategic plan for the health care system. This strategy would require:

- the identification and prioritization of needs for the health care system,
- the acquisition of appropriate resources,
- the development of a system to implement a health care plan, and
- a process of evaluation and review of the strategy.

ADMINISTRATIVE ORGANIZATION

The Hospital Care Insurance Plan and the Health Insurance Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the costs of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is funded by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is determined by the Commission within the terms of reference of the respective Acts.

Day to day administration of the plans is carried out through a Program Development Division, Management Services Division and Program Support Division, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by the Medical Director, who may seek advice from the Medical Advisory Committee, composed of five physicians nominated by the Medical Society of P.E.I. and appointed by the Commission.

The Medical Advisory Committee meets on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

PROGRAM SUPPORT DIVISION

This division is responsible for the on-going administration of those programs and services directly affecting the delivery of hospital services. This involves outreach programs to identify needs, the initiation and development of programs and services to meet these needs and the ongoing provision of appropriate consultative and advisory services. This division also develops health care standards and implements program audits to determine that such standards are being met.

PROGRAM DEVELOPMENT DIVISION

This division is responsible to put in place policies, priorities and strategies to meet and accomplish the goals of the Commission. The division initiates innovative programs and projects to test new and varied methods of health care delivery and provides support in information collection and data evaluation. In addition, Program Development directs the development and implementation of a physician resource plan and a provincial hospital services plan.

MANAGEMENT SERVICES DIVISION

Management Services is responsible for managing and directing the programs and staff for all financial, personnel and administrative activities that fall within the mandate of the Hospital & Health Services Commission. This division is also responsible for the management of a comprehensive claims information system.

MEDICAL DIRECTOR

This position is responsible for the overall management and direction of the health care system. In particular, the Medical Director develops medical policy and standards for acute care, in concert with other physicians, develops guidelines and procedures dealing with specific medical issues and problems, monitors use of physician services and provides consultant and advisory services as necessary.

MEDICAL ADVISORY COMMITTEE

The Medical Advisory Committee, composed of five physicians, makes recommendations to the Commission on matters affecting the effective and efficient administration of the Insurance Plans. In particular, the Committee reviews particular cases and physician's practices regarding possible over servicing or over utilization, or where medical requirement of a service is questioned.

HIGHLIGHT OF ACTIVITIES

1. CLAIMS INFORMATION SYSTEM

The Hospital & Health Services Commission is responsible for the processing and payment of physician claims. In an effort to improve the efficiency of the claims processing system, the Commission has developed and implemented an Electronic Transfer of Claims System, whereby claims are inputted in the physicians offices and transferred via modem to the Commission's Computerized System. To date approximately forty physicians are participating in the Electronic Billing System and the Commission anticipates that participation on the part of physicians will increase substantially during the coming year.

2. FRENCH LANGUAGE HEALTH SERVICES STUDY

The Hospital & Health Services Commission, with the support of the French Services Secretariat, carried out a study to determine the needs for French Language services in Prince Edward Island hospitals. The purpose of this study was to identify available resources for the provision of these services and to recommend an implementation plan.

3. HEALTH PROMOTION PILOT PROJECT

In 1988, the Commission participated in a Change of Heart Health Promotion Project, which provides an extensive exercise regime and educational program for victims of a heart attack. In order to better understand the impact of this health promotion project, the Commission again participated in the program in 1989.

4. IN-PROVINCE LIAISON STUDY

The Hospital and Health Services Commission is studying the issues, concerns and benefits related to in-province liaison services. It is anticipated this will facilitate the transfer of P.E.I. residents back to their home hospital, as their condition warrants.

5. NUTRITION AND DIETETIC STUDY

The Prince Edward Island Nutrition and Dietetic Needs Study was carried out by a committee with representation from the Hospital & Health Services Commission, the Department of Health and Social Services, the Hospital Association of P.E.I., the P.E.I. Dietetic Association, the P.E.I. Medical Society, the small acute care facilities and the consumer population. Submissions were requested from health related organizations and the community at large. Many issues impacting on the delivery of dietetic and nutrition services in the province were identified and discussed.

6. NURSING FORUM

The Hospital & Health Services Commission, in cooperation with the P.E.I. Nurses Union and the P.E.I. Association of Nurses, sponsored a 1 1/2 day Forum, which involved 60 nurses from all sectors of the health care delivery system. The purpose was to identify and prioritize, through a nominal group process, the concerns, issues or problems in the nursing profession on P.E.I. The following were identified as priority issues: Quality of worklife/job satisfaction/working conditions; Quality of care/workload; autonomy/lack of control; funding issues; management process; professional image; lack of understanding of the role of the nurse; shortage/recruitment of nurses; and communication issues.

7. OUT-OF-PROVINCE LIAISON PROGRAM

The Out-of-Province Liaison Program established an office on-site in Halifax, Nova Scotia in August, 1989. The purpose of the program is to keep up-to-date on the status of P.E.I. patients in out-of-province hospitals, and to assist with their discharge plans back to P.E.I. The Liaison Program is also available for problem solving on issues concerning P.E.I. patients and is used frequently by out-of-province hospital staff.

A pre-admission testing program was also established with the Victoria General Hospital Admissions Dept. and P.E.I. hospitals. Further linkages were developed between P.E.I. Home Care and Support Nursing Division and the Victoria General Home Dialysis Program.

In 1989, 134 patients in out-of-province hospitals were transferred back to P.E.I. hospitals to convalesce, for a total of 2,215 hospital days saved out-of-province.

8. PANEL ON THE HOSPITALS' ROLE IN THE HEALTH COMMUNITY

The Hospital & Health Services Commission, the P.E.I. Medical Society and the Hospital Association of P.E.I., in collaboration with the greater health community and the public, are addressing the role of hospitals in P.E.I. This venture is in response to the Health Care Forum in 1988, which identified planning and coordination of services as top priorities.

The objective of the Panel is the development of a Master Plan and a framework for the delivery of hospital services to ensure 'planned growth and managed development' of the hospital system in the future. Opportunities for hospitals to strengthen linkages and improve coordination within the greater health community will be a major focus. The collective and individual roles of hospitals will be addressed, as well as the range of hospital services to be provided locally, regionally and provincially.

9. PRE-HOSPITAL AND EMERGENCY SERVICES STUDY

The Hospital & Health Services Commission initiated this study in response to a request from the Emergency Cardiac Care Committee of the Heart and Stroke Foundation and recommendations from the Out-of-Province Liaison Program. This study examined the present status of pre-hospital and emergency services on P.E.I., and included a comprehensive review of ambulance and other related services and identified options for the future.

10. QUALITY ASSURANCE PROGRAM

Quality Assurance Programs have been initiated in all community hospitals, under the direction of a resource person employed by the Hospital & Health Services Commission. This has been instrumental in the planning and provision of quality patient care in P.E.I. hospitals.

11. WEST PRINCE HOSPITALS

The Hospital and Health Services Commission has been working closely with the West Prince Hospitals in ascertaining present and future requirements for physical renovations. A Functional Programmer will be hired early in 1990 to assist in this process.

BENEFITS OF THE HOSPITAL AND HEALTH INSURANCE PLANS

GENERAL

The Hospital Care Insurance Plan and the Health Care Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

HOSPITAL CARE INSURANCE PLAN:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- use of operating room,case room, anaesthetic facilities
- use of radiotherapy, physiotherapy and occupational and
- speech therapy
- routine surgical supplies

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g. drugs and dressings.

HEALTH CARE INSURANCE PLAN

The Plan contributes towards the cost of most medically required services rendered by the physicians, including:

- visits to the patient's home, to the doctor's office or in hospital
- anaesthetic services
- surgical services
- obstetrical services, including pre-natal and post-natal visits
- certain oral surgery procedures performed by dentists where admission to hospital is required
- eye refractions performed by an ophthalmalogist

The following physician services are not included as benefits:

- services not related to the prevention, diagnosis or treatment of disease such as medical examinations for employment or insurance coverage, attendance at an educational institution, etc.
- group inoculations and mmunizations such as those carried out in schools
- preparation of testimony reports, doctors' certificates, etc. required for administrative or legal purposes
- advice or prescriptions given over the telephone except for advice re anticoagulant therapy
- doctor's travel time, detention time required in a patient's home unless special permission is obtained from the Commission
- cosmetic surgery unless medically required
- materials or drugs used by any physician while rendering medical services
- eye glasses or lenses or other appliances such as hearing aids, artificial limbs, or other devices.
- eye refractions performed by a family physician

Services provided by chiropractors, audiologists, podiatrists, osteopaths, physiotherapists, optometrists, nurses or other para-medical personnel are not included in the Plan, nor are the normal services rendered by a dentist in his office.

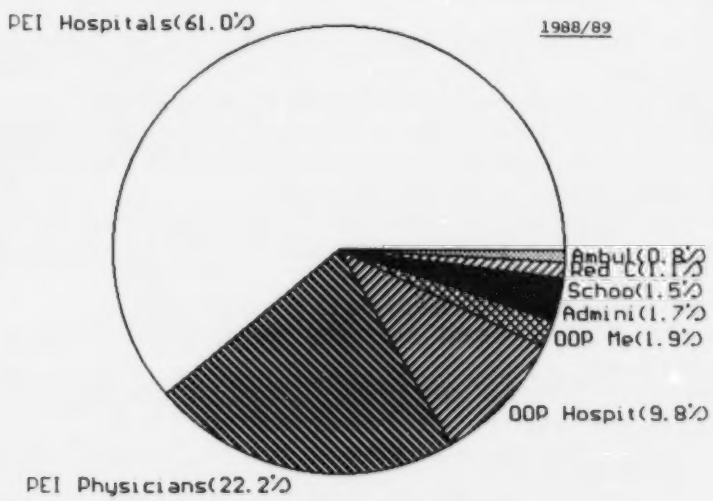
STATISTICAL COMPENDIUM

INTRODUCTION

Expenditure figures used in the followiong tables were obtained from the Auditor General's Report, the P.E.I. Hospital and Health Services Commission. Data obtained on medical and physician services are based on physician claim forms and resident registration data which comprise the health information system used by the Commission.

1. EXHIBIT # 1

DISTRIBUTION OF EXPENDITURES OF THE HOSPITAL AND HEALTH SERVICES COMMISSION OF P.E.I.



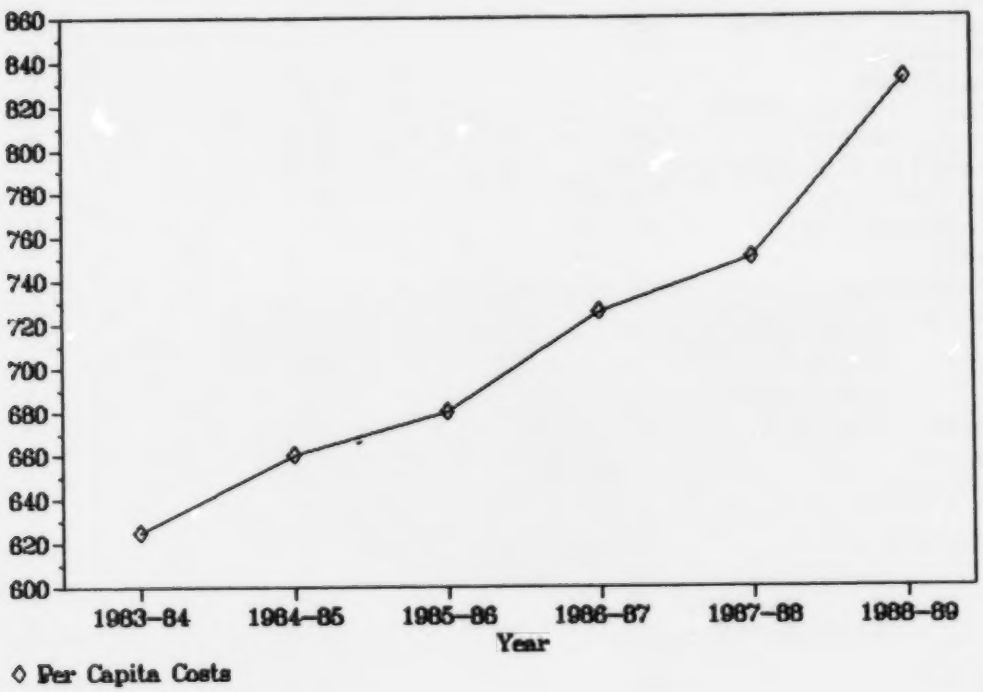
Total Expenditures 105 million

NOTES:

AMBUL - AMBULANCE
RED C - RED CROSS
SCHOOL - P.E.I. SCHOOL OF NURSING
ADMINI - ADMINISTRATION
OOP ME - OUT-OF-PROVINCE MEDICAL COSTS
OOP HOSPIT - OUT-OF-PROVINCE HOSPITAL COSTS

EHXIBIT # 2

PER CAPITA COSTS FOR TOTAL EXPENDITURES, 1983/84 - 1988/89



SOURCE: POPULATION FIGURES FROM STATISTICS CANADA CENSUS DATA, 1981 AND 1986

2. **IN-PROVINCE SERVICES**

2.1 PHYSICIAN SERVICES

EXHIBIT # 3

P.E.I. FULL-TIME EQUIVALENT PHYSICIAN COMPLEMENT, NOV./89

	FULL-TIME	PART-TIME EQUIV.	TOTAL FTE
Family Practise	68	5	73.0
Specialties			
- Addiction Services	2	.3	2.3
- Anesthesia	7	.8	7.8
- Dermatology	1	-	1.0
- Emergency Room Phys.	1	-	1.0
- Internal Medicine	8	1.0	9.0
- Obstetrics/Gynecology	9*	.2	9.2
- Ophthalmology	2	.3	2.3
- Otolaryngology	4	-	4.0
- Pediatrics	3	.6	3.6
- Psychiatry	6	.4	6.4
- Surgery: General	7	-	7.0
Orthopedic	3	-	3.0
Plastics	2	-	2.0
Urological	2	-	2.0
- Physical Medicine	1	-	1.0
- Oncology	1	-	1.0
- Radiology	6**	-	6.0
Lab. Physicians:			
Pathology	4***	-	4.0
Microbiology	1	-	1.0
Hematology	-	.5	.5
TOTALS	**138**	**9.1**	**147.1**

NOTES:

* 3.2 of these do gynecology, only

** 1 of these provides therapeutic radiology services

*** 1 of these is also Director of Laboratories

DEFINITIONS

A full-time physician is one who earns at least 1/2 of the mean income of that specialty.

Part-time Equivalents are calculated by totalling the earnings of the part-time physicians (those who earn less than 1/2 of the mean income) and dividing by 1/2 of the mean income of that specialty.

EXHIBIT # 4

PERCENT OF PHYSICIANS BY SPECIALTY

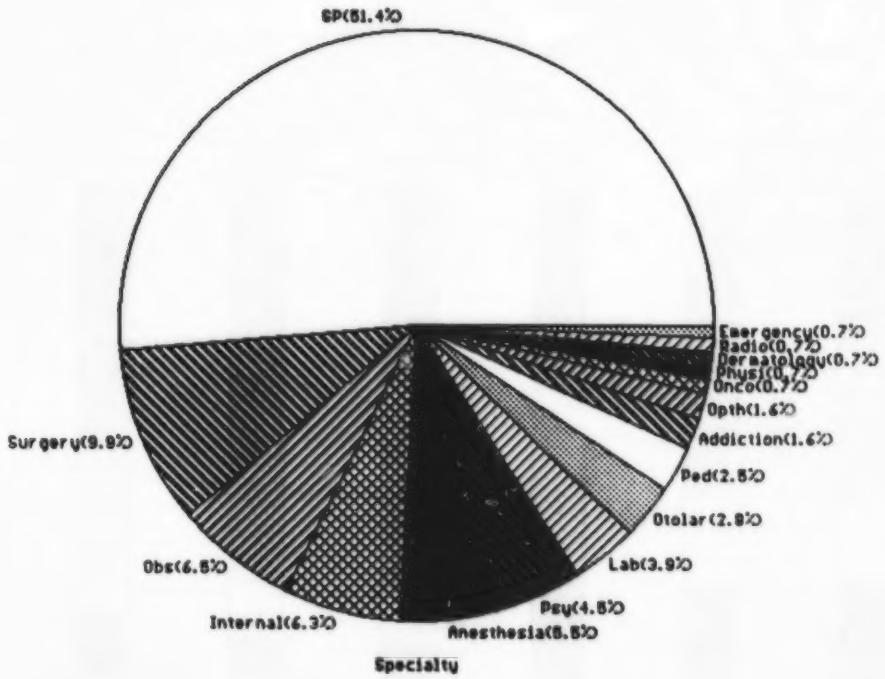


EXHIBIT # 5

PERCENT OF PHYSICIANS BY RANGE OF ANNUAL PAYMENT, 1983/84 - 1988/89

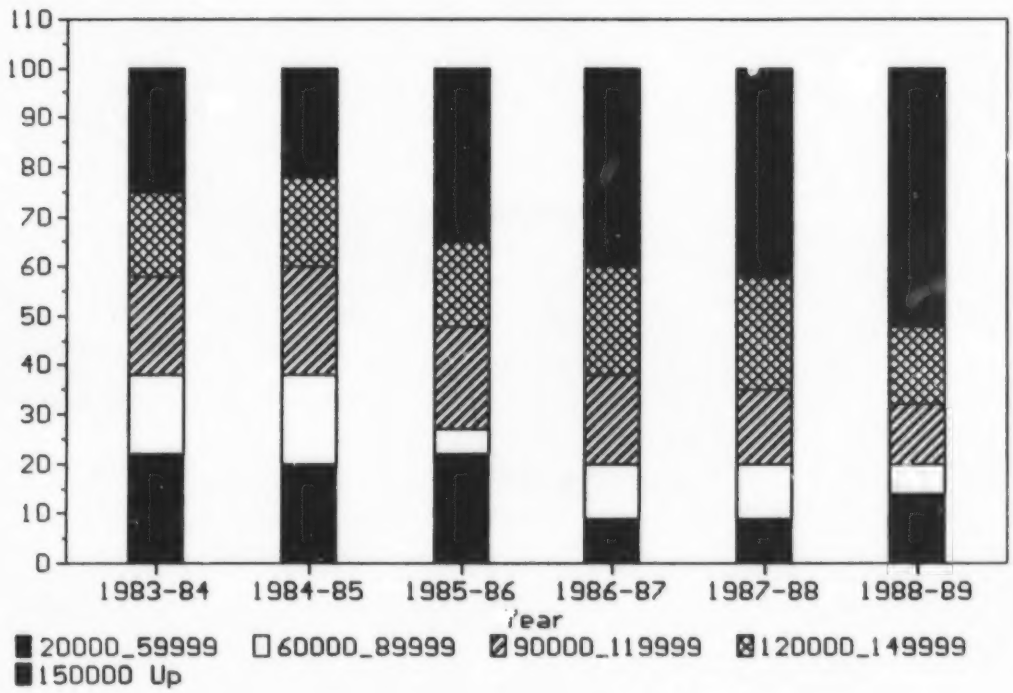
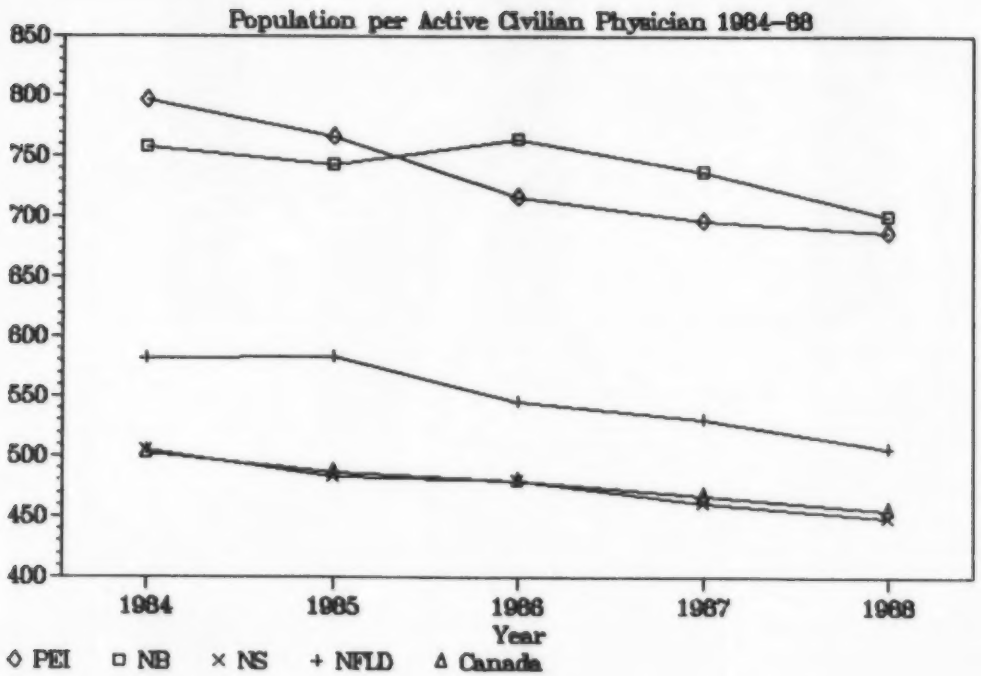


EXHIBIT # 6



SOURCE: Health Information Division, Information Systems Directorate, Policy, Communications and Information Branch, Department of National Health and Welfare

EXHIBIT # 7

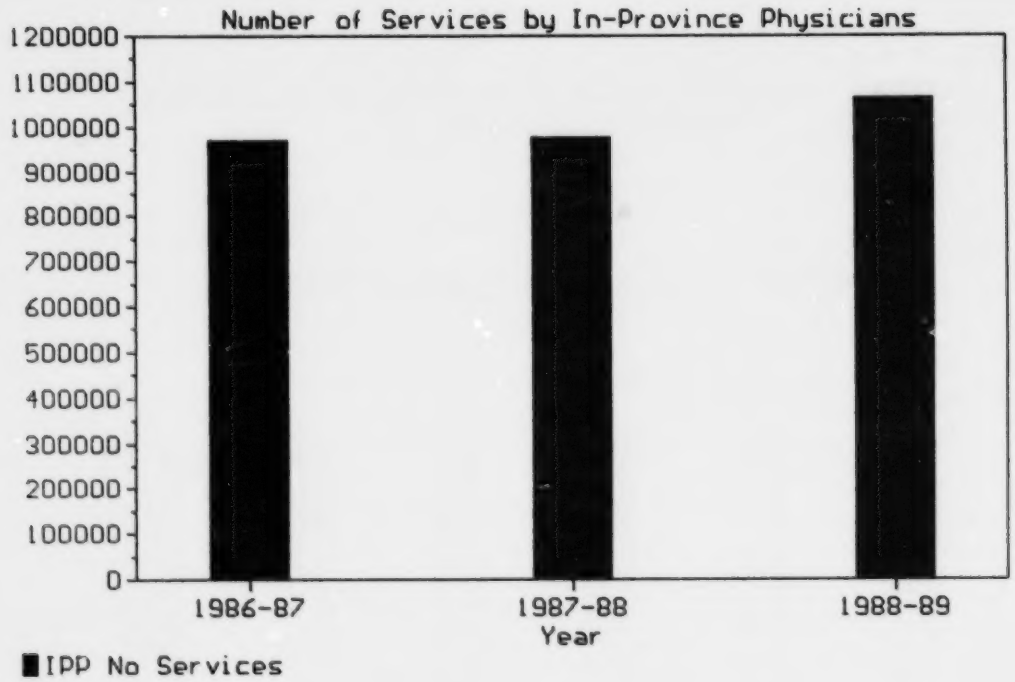


EXHIBIT # 8

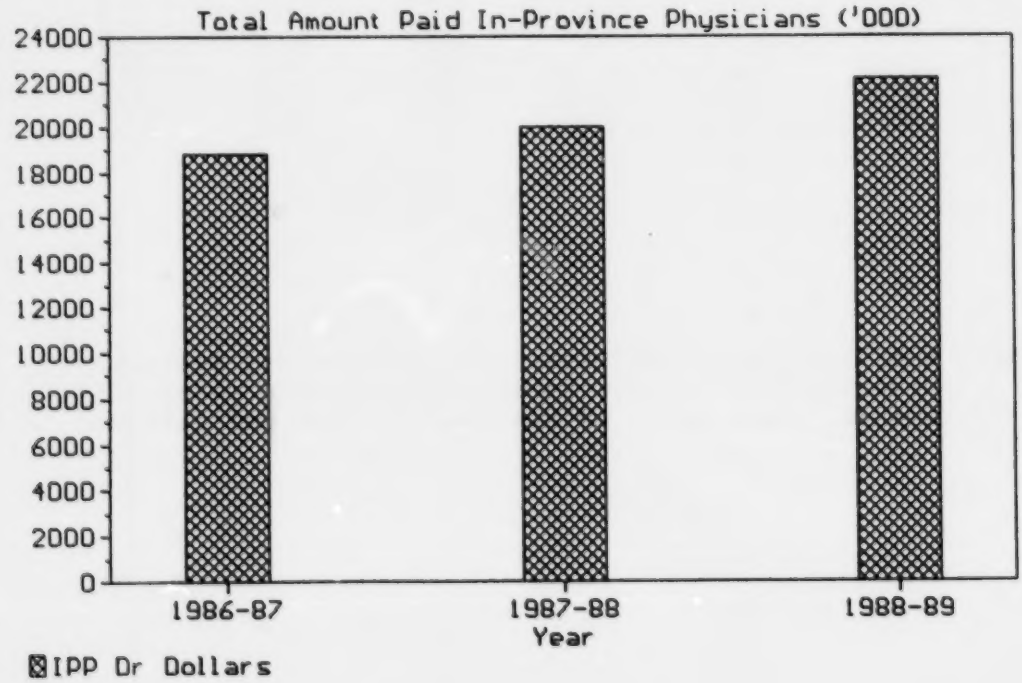


EXHIBIT # 9

NUMBER OF MEDICAL SERVICES BY DIAGNOSTIC CATEGORY BY AGE
FOR ALL IN-PROVINCE SERVICES, 1987/88 & 1988/89

	0 - 19		20 - 64		65-74		75 +		TOTAL	
DIAGNOSTIC CATEGORY	87/88	88/89	87/88	88/89	87/88	88/89	87/88	88/89	87/88	88/89
Infectious and Parasitic Diseases	9,451	10,694	9,969	10,171	822	959	1,075	1,221	21,317	23,045
Neoplasms	1,114	1,242	10,502	11,617	6,226	7,951	6,815	7,146	24,657	27,956
Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	1,617	1,709	11,337	13,063	5,304	6,056	6,353	7,590	24,611	28,418
Diseases of Blood & Blood forming organs	1,091	1,124	1,915	2,320	1,038	979	2,111	2,356	6,155	6,779
Mental Disorders	7,073	4,225	54,891	59,948	6,783	7,544	8,041	9,168	76,788	80,885
Diseases of the Nervous System & Sense Organs	33,875	32,463	29,366	28,552	6,957	7,802	10,016	9,416	80,214	78,233
Diseases of the Circulatory System	637	836	31,268	35,377	27,568	26,947	41,084	42,944	100,557	106,104
Diseases of the Respiratory System	73,582	73,100	54,775	64,180	12,716	15,199	16,686	19,014	146,759	171,493
Diseases of the Digestive System	9,340	9,005	24,882	24,863	6,405	6,365	8,946	8,265	49,573	48,498
Diseases of the Genitourinary System	4,939	5,622	34,148	34,165	5,340	5,052	6,492	6,672	50,919	51,511
Complications of Child-birth,Pregnancy and the Puerperium	782	1,640	12,833	13,999	0	0	0	0	13,615	15,639
Diseases of the Skin and Subcutaneous Tissue	10,592	11,927	21,581	22,327	3,911	4,022	5,081	5,283	41,165	43,559
Diseases of the Musculoskeletal System and Connective tissue	5,042	5,301	37,980	41,404	9,424	10,423	9,624	10,009	62,070	67,137
Congenital Anomalies	1,775	1,637	652	868	110	178	143	311	2,680	2,994
Certain conditions originating in the Perinatal period	1,414	2,327	142	298	0	0	0	0	1,556	2,625
Symptoms, signs & ill-defined conditions	17,071	19,382	47,637	52,911	12,926	14,534	16,874	16,901	94,508	103,728
Injury and Poisoning	18,063	18,510	29,790	29,402	3,461	4,033	6,229	5,836	57,543	57,781
Factors influencing health status	28,991	33,973	69,173	82,048	11,687	15,911	11,814	14,374	121,665	146,306
TOTALS	215,449	234,717	482,841	527,513	120,678	133,955	157,384	166,506	976,352	1,062,691
%	22.1%	22%	49.4%	49%	12.4%	13%	16.1%	16%		

EXHIBIT # 10

COST OF MEDICAL SERVICES BY DIAGNOSTIC CATEGORY BY AGE
1987/88 & 1988/89 FOR ALL IN-PROVINCE SERVICES

DIAGNOSTIC CATEGORY	AGE GROUPS 0 - 19		20 - 64		65-74		75 +		TOTAL	
	87/88	88/89	87/88	88/89	87/88	88/89	87/88	88/89	87/88	88/89
Infectious and Parasitic Diseases	148,274	177,869	155,712	174,281	13,525	15,918	16,503	19,948	334,014	388,016
Neoplasms	29,461	35,426	321,220	362,886	183,452	213,179	181,892	185,671	716,025	797,162
Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	39,189	41,855	257,357	292,376	92,088	108,680	100,410	113,376	489,044	556,287
Diseases of Blood & Blood forming organs	20,032	23,226	31,791	43,882	16,996	19,561	35,383	37,907	104,202	124,556
Mental Disorders	98,042	86,666	1,159,870	1,216,064	115,212	123,754	153,765	133,485	1,526,889	1,559,969
Diseases of the Nervous System & Sense Organs	592,397	574,560	587,830	571,551	206,033	226,913	295,729	298,943	1,681,989	1,671,967
Diseases of the Circulatory System	14,313	19,309	590,906	710,817	511,646	527,091	682,193	729,671	1,799,058	1,986,888
Diseases of the Respiratory System	957,943	1,175,870	825,481	1,017,958	189,771	243,719	249,762	289,381	2,222,957	2,726,928
Diseases of the Digestive System	231,418	226,143	762,171	789,833	196,027	199,136	221,583	198,746	1,411,199	1,413,858
Diseases of the Genitourinary System	101,123	120,706	916,939	927,760	187,706	188,391	192,309	166,532	1,398,077	1,403,389
Complications of Childbirth, Pregnancy & the Puerperium	35,203	70,412	633,376	686,754	0	0	0	0	668,579	757,166
Diseases of the Skin & Subcutaneous Tissue	179,652	210,991	388,204	419,522	68,473	69,674	81,773	89,162	718,102	789,349
Diseases of the Musculo-skeletal System and Connective tissue	112,379	118,213	753,359	870,370	186,742	228,380	176,240	188,086	1,228,720	1,405,049
Congenital Anomalies	59,823	60,829	25,942	37,793	4,021	11,307	3,187	6,771	92,973	116,700
Certain conditions originating in the Perinatal period	49,441	76,216	4,779	14,336	0	0	0	0	54,220	90,552
Symptoms, signs & ill-defined conditions	343,734	391,863	907,375	1,061,263	241,496	290,673	306,359	328,888	1,798,964	2,072,687
Injury and Poisoning	411,733	451,158	702,430	753,940	95,103	116,110	179,590	186,524	1,388,856	1,507,732
Factors influencing health status	503,801	598,704	1,369,739	1,640,670	221,862	287,764	207,966	241,234	2,303,368	2,768,374
TOTALS	3,927,958	4,460,016	10,394,481	11,592,058	2,530,153	2,870,230	3,084,644	3,214,325	19,937,236	22,136,629
%	19.7%	20.1%	52.1%	52.4%	12.7%	13.0%	15.5%	14.5%		

2.2 HOSPITAL SERVICES

EXHIBIT # 11- GEOGRAPHIC LOCATIONS OF P.E.I. COMMUNITY HOSPITALS

Population Source: Statistics Canada - 1986 Census Data

EXHIBIT # 12

UTILIZATION STATISTICS
HOSPITALS OF PRINCE EDWARD ISLAND

1985/86-1988/89

	Apr.1/85 to Mar.31/86	Apr. 1/86 to Mar.31/87	Apr.1/87 to Mar.31/88	Apr. 1/88 to Mar. 31/89
Number of Beds set up	690	690	690	694
Numbers of Bassinets set up	79	79	79	71
Total Patients Admitted (Adult, Children & Newborn)	26,445	26,599	24,028	25,866
Total Births in Hospitals	2,015	1,902	1,889	1,963
Adults & Children Patient Days	197,392	201,218	199,454	197,670
Newborn Patient Days	11,131	10,190	10,083	10,647
X-Ray Examinations	102,736	107,364	109,187	118,658
Laboratory Units of Work	7,660,804	8,139,713	8,342,256	8,852,885
Operations in O.R.	17,835	18,206	20,356	12,043
Emergency Room Visits	122,358	116,081	127,447	114,431
Physiotherapy Attendances	46,241	36,328	30,919	30,753
Electrocardiograph Exams	24,529	25,275	26,043	27,713
Meal Days	358,218	369,169	360,472	372,036
Nursing Staff (Includes School of Nursing and L.N.A. Program Staff)	670.4	690	696	742
Other Staff	888.8	899	906	964
Total Staff (2)	1,559.2	1,589	1,602	1,706

NOTE 1: Staffing reported in full-time equivalents

Source: Annual Return of Health Care Facilities - Hospitals
Part One, Statistics Canada

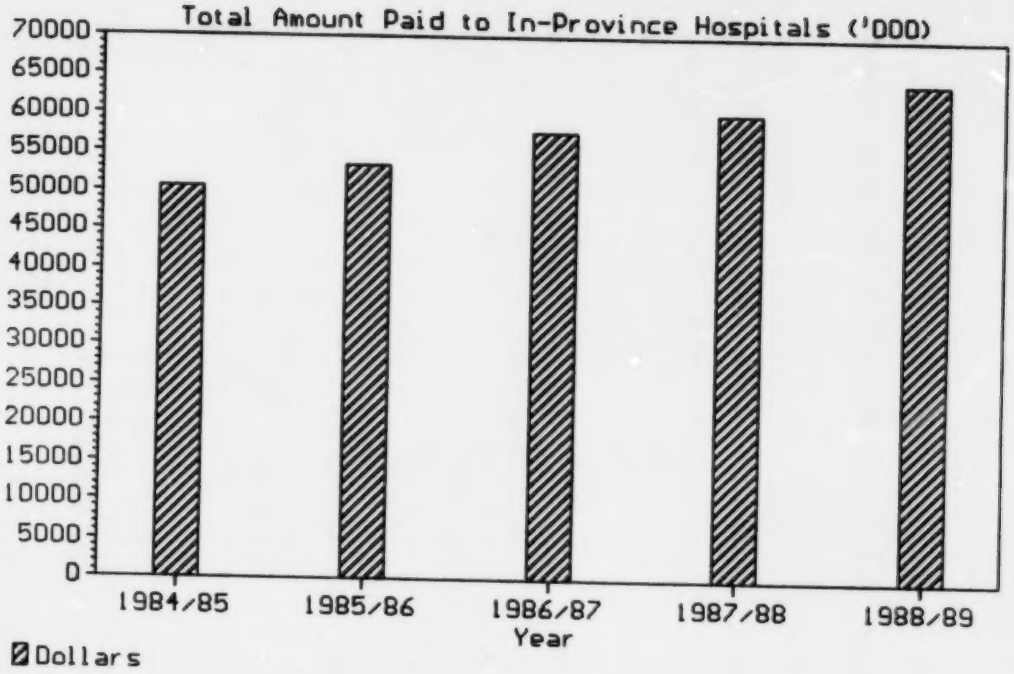
EXHIBIT # 13

COMPARATIVE STATISTICS, P.E.I. COMMUNITY HOSPITALS, 1988/89

HOSPITAL	APPROVED BED CAPACITY	ADMISSIONS	PT. DAYS	OCCUPANCY RATE (%)	AVERAGE LENGTH OF STAY	BIRTHS
Queen Elizabeth	351	11,840	103,791	81%	9 days	1,143
Prince County	162	7,588	46,384	78	6 "	665
King's Co. Memorial	50	1,935	13,429	74	7 "	106
Souris	25	1,063	6,845	75	6 "	23
Western	50	1,340	12,079	66	9 "	0
Community	33	1,384	9,758	81	7 "	26
Stewart Memorial	23	716	5,384	64	8 "	0
TOTALS	**694**	**25,866**	**197,670**	**78%**	**8 days**	**1,963**

SOURCE: 1988/89 Annual Return of Health Care Facilities - Hospitals Part One, Statistics Canada

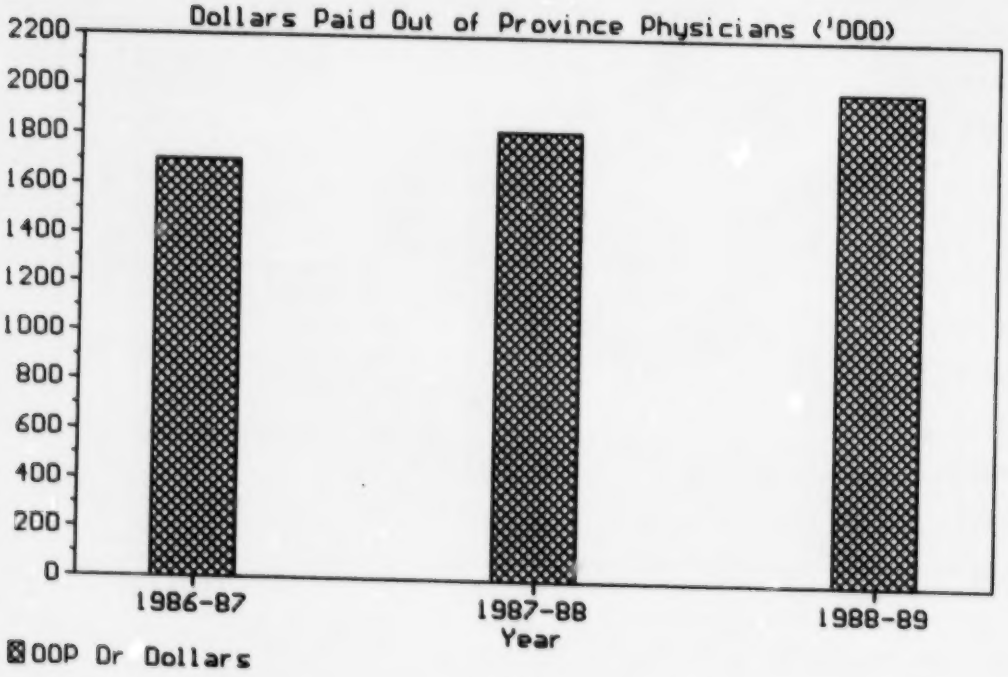
EXHIBIT # 14


Total Amount Paid to In-Province Hospitals ('000)
70000
65000
60000
55000
50000
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
1984/85
1985/86
1986/87
1987/88
1988/89
Year
Dollars

3. OUT-OF-PROVINCE SERVICES

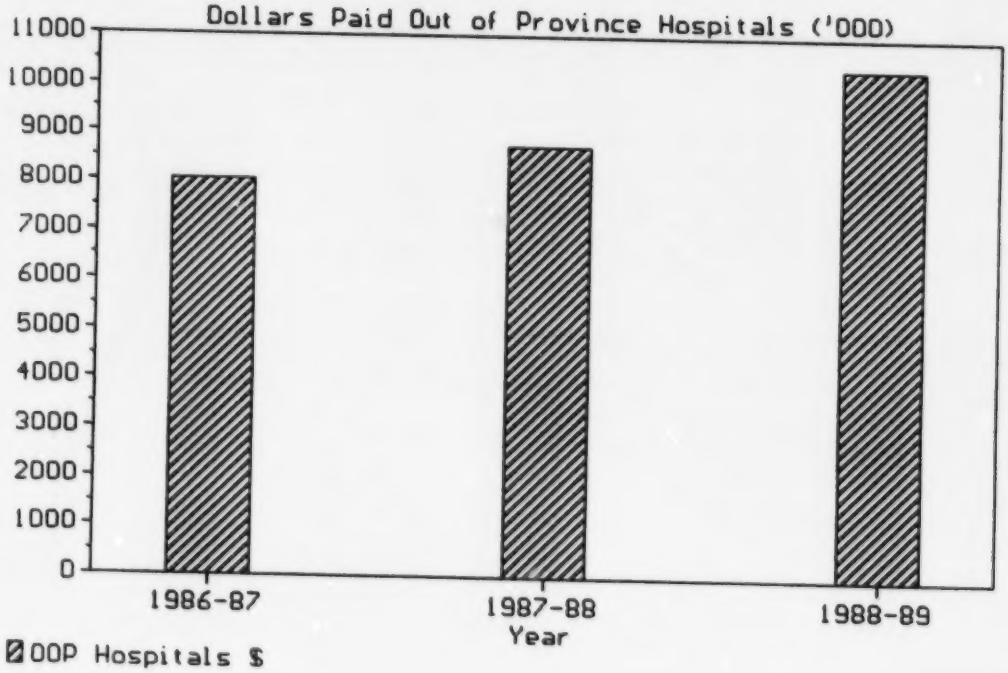
3.1 PHYSICIAN SERVICES

EXHIBIT # 15



3.2 HOSPITAL SERVICES

EXHIBIT # 16



3.3 OUT-OF-PROVINCE REFERRALS

EXHIBIT # 17

SUMMARY OF OUT-OF-PROVINCE ADMISSIONS & DAYS OF STAY

1988/89

PROVINCE	TOTAL ADMISSIONS	TOTAL DAYS STAYED
Newfoundland	1	19
New Brunswick	208	1,951
Nova Scotia	1,422	13,810
Quebec	35	355
Ontario	222	2,296
Manitoba	5	17
Saskatchewan	4	9
Alberta	28	233
British Columbia	16	95
Northwest Territories	1	1
TOTAL	**1,942**	**18,786**

AVERAGE LENGTH OF STAY: 9.7 DAYS

AUDITOR GENERAL

CHARLOTTETOWN

PRINCE EDWARD ISLAND

HOSPITAL AND HEALTH

SERVICES COMMISSION OF P.E.I.

FINANCIAL STATEMENTS

MARCH 31, 1989

AUDITOR GENERAL

CHARLOTTETOWN

PRINCE EDWARD ISLAND

AUDITOR'S REPORT

To the Commissioners of the
Hospital and Health Services Commission

I have examined the balance sheet of the Hospital and Health Services Commission of Prince Edward Island as at March 31, 1989 and the statement of revenue and expenses for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1989 and the results of its operations for the year then ended in accordance with the basis of accounting as disclosed in note 1 to the financial statements applied on a basis consistent with that of the preceding year.

J. Wayne Murphy, C.A.
Auditor General

Charlottetown, Prince Edward Island
June 22, 1989

HOSPITAL AND HEALTH SERVICES COMMISSION

OF PRINCE EDWARD ISLAND

BALANCE SHEET

MARCH 31, 1989

(with comparative figures at March 31, 1988)

ASSETS

CURRENT ASSETS	1989	1988
Term deposit	$ -	$ 103,310
Accounts receivable		
- Province of P.E.I.	6,846,172	6,449,639
- Other	51,208	19,741
Advance to Souris Hospital	28,042	5,567
Advance to Province of Nova Scotia - Note 2	470,000	470,000
	$7,395,422	$7,048,257

LIABILITIES

CURRENT LIABILITIES		
Bank overdraft	$ 5,444	$1,235,550
Payables and accruals - Note 3	7,389,978	5,812,707
	$7,395,422	$7,048,257

(Notes 1 to 5 are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:

COMMISSIONER:

COMMISSIONER:

HOSPITAL AND HEALTH SERVICES COMMISSION

OF PRINCE EDWARD ISLAND

STATEMENT OF REVENUE AND EXPENSES

YEAR ENDED MARCH 31, 1989

(with comparative figures for the year ended March 31, 1988)

	Original Budget	1989	1988
REVENUE			
Provincial appropriation - Note 4	$101,577,400	$105,194,388	$97,400,131
Third party recoveries	-	110,270	219,328
Investment income	-	55,805	23,824
	101,577,400	105,360,463	97,643,283
EXPENSES			
Hospital Services			
- Operating	57,477,400	58,632,698	53,840,300
- Debt	5,542,000	5,535,773	5,541,553
- Capital repairs	135,000	102,676	138,277
- Equipment fund	-	-	601,642
- Out of Province services	8,500,000	10,361,393	8,749,332
Medical Services			
- Out of Province physician fees	1,768,000	1,995,000	1,823,915
- In Province physician fees	22,821,800	23,387,455	21,914,351
Canadian Red Cross Society	1,084,900	1,116,903	929,735
Ambulance service	795,100	788,590	781,837
PEI School of Nursing	1,525,000	1,603,000	1,511,700
Administration - Salaries	1,739,400	1,535,592	1,626,559
- Other	188,800	301,383	184,082
	$101,577,400	$105,360,463	$97,643,283
Net result for the year	$ -	$ -	$ -

(Notes 1 to 5 are an integral part of these financial statements)

HOSPITAL AND HEALTH SERVICES COMMISSION

OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 1989

1. Summary of significant accounting policies

a) The accounts are maintained on an accrural basis of accounting with the following modification:
- Fixed assets are expensed when purchased.

b) Accounts payable for hospital care and medical services are based on actual payments after March 31 plus an estimate of claims outstanding at May 31.

2. Advance to Province of Nova Scotia

This advance relates to out of Province services provided by Nova Scotia hospitals. Nova Scotia has requested the advance to compensate for the length of time required between the date of service and actual receipt of payment. This advance would reduce the payable for out of Province hospital care but has been treated separately for financial statement purposes.

3. Payables and accruals	1989	1988
Medical claims:		
- In Province physicians	$2,794,582	$2,750,000
- In Province radiologists	80,204	77,203
- Out of Province physicians and patients (net)	442,754	394,726
Local hospitals and approved facilities for deficits and capital projects	382,513	402,797
Local hospitals for services to non-resident patients	40,750	99,477
Out of Province hospital care (net)	3,315,345	1,951,768
Canadian Red Cross	154,025	40,386
Ambulance operators	65,150	53,587
Other	114,655	42,763
	$7,389,978	$5,812,707

HOSPITAL AND HEALTH SERVICES COMMISSION

OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS (continued)

MARCH 31, 1989

4. Provincial appropriation

	1989	1988
Original appropriation	$101,577,400	$96,342,600
Additional appropriation	2,972,100	852,131
Transfer	644,900	205,400
Unspent appropriation	(12)	-
Total Provincial appropriation	$105,194,388	$97,400,131

5. Benefits: The employees of the Hospital and Health Services Commission are entitled to pension benefits under the terms of their employment. The employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of P.E.I. and are not reflected in the Commission's financial statements.

AUDITOR GENERAL CHARLOTTETOWN, P.E.I.